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<b>SERIAL NUMBER</b> 09/482,030	<b>FILING DATE</b> 01/13/2000 <b>RULE</b> -	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2749	<b>ATTORNEY DOCKET NO.</b> -	
<b>APPLICANTS</b> Zion Hadad, Rishon Lezion, ISRAEL; <i>None tho</i> <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <i>None tho</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/04/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>THD</i> Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> AIR MAIL Zion Hadad 48 Maalmogim St Rishon Lezion, _ ISRAEL					
<b>TITLE</b> Cellular network system					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		